



WELCOME TO MATERNITY SUPPORT SERVICES

Maternity Support Services (MSS) are preventive health services provided by a team including nurses, nutritionists, behavioral health specialists (counselors), and, in some agencies, community health workers. The main goal of MSS is to help you have a healthy pregnancy. You can receive Maternity Support Services during your pregnancy and through the end of the second month after your pregnancy is over.

PLEASE FILL OUT THIS QUESTIONNAIRE TO HELP US SERVE YOU BETTER

Your Name: _____ Your Birthdate: _____

1. Is this your first pregnancy? ☐ Yes ☐ No
2. Have you seen a doctor or midwife for your pregnancy? ☐ Yes ☐ No
If yes, what is your doctor or midwife's name? _____
3. What date does your doctor or midwife say your baby is due? Date: _____ ☐ I am not sure.
4. Has your doctor/midwife said there are problems with your pregnancy? ☐ Yes ☐ No
If yes, what are the problems? _____

BELOW ARE SOME OF THE THINGS MSS STAFF CAN HELP YOU WITH. TO HELP US MEET YOUR NEEDS. PLEASE CHECK THE BOXES THAT YOU WOULD LIKE TO KNOW MORE ABOUT OR HAVE HELP WITH.

In the areas of pregnancy, my health, prenatal care, getting ready for my baby, and the time right after my baby is born, I would like to know more about or have help with:

- | | |
|---|--|
| <input type="checkbox"/> Finding a doctor | <input type="checkbox"/> Asking people not to smoke in my home |
| <input type="checkbox"/> What to expect during doctor visits while I'm pregnant | <input type="checkbox"/> Getting into childbirth classes |
| <input type="checkbox"/> Body changes in pregnancy | <input type="checkbox"/> Breastfeeding |
| <input type="checkbox"/> Dealing with discomforts in pregnancy | <input type="checkbox"/> Taking care of myself after my baby is born |
| <input type="checkbox"/> Dangers in pregnancy | <input type="checkbox"/> Birth control |
| <input type="checkbox"/> Health problems I haven't talked to a doctor about | <input type="checkbox"/> Taking care of my newborn baby |
| <input type="checkbox"/> How my health problems might affect my baby | <input type="checkbox"/> Being a new parent |
| <input type="checkbox"/> Problems with my teeth | <input type="checkbox"/> Getting into classes for new parents |
| <input type="checkbox"/> Quitting my tobacco use | <input type="checkbox"/> Other: _____ |

In the areas of food, eating, and safe exercises I would like to know more about or have help with:

- ☐ Diet and weight gain
- ☐ Eating to help my baby grow

- ☐ Simple Exercises
- ☐ Menu Planning
- ☐ Other _____

In the areas of feelings, relationships, and coping with stress, I would like to know more about or have help with:

- ☐ Mood changes in pregnancy
- ☐ Dealing with past problems
- ☐ My feelings about past losses in my life
- ☐ Feeling scared or nervous about being a parent
- ☐ Getting along with my partner, or other people in my life
- ☐ Depression

- ☐ Anger
- ☐ Making new friends
- ☐ Dealing with stress
- ☐ Violence or fighting in my home
- ☐ Alcohol or drug use
- ☐ Having someone to talk with about my worries
- ☐ Other _____

In the area of other basic needs, I would like to know more about or have help with:

- ☐ Where to get clothing
- ☐ Where to get food
- ☐ Getting rides to the doctor or other important places
- ☐ Finding a better place to live
- ☐ Finding childcare
- ☐ Finding a doctor for my baby

- ☐ Finding a school
- ☐ Finding a job
- ☐ Finding a dentist
- ☐ Finding an eye doctor
- ☐ Family planning
- ☐ Other _____

I have other questions or worries: ☐Yes ☐No

If you want to, you can write them below:

THANK YOU! WE LOOK FORWARD TO WORKING WITH YOU.

